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appropriate All further cor	respondence including the P below or directed otherwise	atent advance ord	lers and notif	fication of maintenance	frequired). Blocks I through 5 sefees will be mailed to the current iddress; and/or (b) indicating a sep	t correspondence address					
•	E ADDRESS (Note: Use Block 1 for a	ny change of address)	Fee(s) Transmit papers. Each ad	Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. Each additional paper, such as an assignment or formal drawing, m have its own certificate of mailing or transmission.							
	590 07/28/2004			nave its own cer	_						
OSHA & MAY I 1221 MCKINNEY		18	F no?	I hereby certify	Certificate of Mailing or Tran that this Fee(s) Transmittal is bein	smission ng deposited with the Un					
HOUSTON, TX 77		(0)	, s	States Postal Se addressed to th	I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.						
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10/07/2004 LWONDIM2 00	000014 10073730	(00.	104 200	š/		(Depositor's na					
01 FC:1501 1370.00 DP 02 FC:1504 300.00 DP		An	A THE TRADE		(Si						
03 FC:8001	6.00 OP		ENTE			(D					
APPLICATION NO.	FILING DATE	F	FIRST NAMED	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.					
10/075,750	10/075,750 02/14/2002 Claude Gau				or 03226.170001;P7188 9466						
TITLE OF INVENTION: JITTER ESTIMATION FOR A PHASE LOCKED LOOP											
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	nonprovisional NO		-	\$300	\$1630	10/28/2004					
EXAM	ART UNIT		CLASS-SUBCLASS								
COX, CASSANDRA F		2816		331-074000							
1. Change of correspondence	e address or indication of "Fe	e Address" (37	2. For print	ting on the patent front p	age, list						
CFR 1.363).	ence address (or Change of C	orrespondence		nes of up to 3 registered	i patent attorneys 1 Osha	& May L.L.P.					
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a 2								
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 listed, no name will be printed.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BI	E PRINTED ON T	HE PATENT	(print or type)		<u>-</u>					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion of	low, no assignee of If this form is NOT	data will appe a substitute i	ear on the patent. If an for filing an assignment.	assignee is identified below, the	document has been filed					
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)											
Sun Microsystems, Inc.			Santa Clara, California								
						-					
Please check the appropriate	assignee category or categor	ies (will not be pri	nted on the pa	atent); 🖵 individual	★★ corporation or other private g	group entity 🖸 governm					
4a. The following fee(s) are	enclosed:	•	. Payment of l	* *							
☑ Issue Fee			he amount of the fee(s) is enclosed.								
 ☑ Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form PTO-2038 is attached. ☑ Advance Order - # of Copies ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpay 											
M Advance Order - # or	Copies				(0591 (enclose an extra	copy of this form).					
•	(from status indicated above) MALL ENTITY status. See 37		☐ b. Applica:	nt is not claiming SMAI	LL ENTITY status. See, e.g., 37 CI	FR 1.27(g)(2).					
The Director of the USPTO	is requested to apply the Issu	e Fee and Publicat	ion Fee (if an	y) or to re-apply any pre	eviously paid issue fee to the applic	cation identified above.					
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(Authorized Signature) Jonathan P. Osl	ha, Reg. No. 33,	986 (Date)	L S.	Bus -	- 45.925 10	14/04					
			n is required t	o obtain or retain a bene	fit by the public which is to file (aske 12 minutes to complete, includ	nd by the USPTO to proc					
an application. Confidential submitting the completed arthis form and/or suggestions Box 1450, Alexandria, Virg Alexandria, Virginia 22313-	oplication form to the USPIC s for reducing this burden, sh inia 22313-1450. DO NOT S	D. Time will vary ould be sent to the SEND FEES OR C	depending up Chief Inform COMPLETED	nection is estimated to ta son the individual case, nation Officer, U.S. Pate FORMS TO THIS AD	ke 12 minutes to complete, includ Any comments on the amount of t nt and Trademark Office, U.S. De DRESS. SEND TO: Commissione	ing gamering, preparing, ime you require to comp partment of Commerce, P r for Patents, P.O. Box 14					

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FEE TRANSMITTAL			Complete if Known							
FEE IKANSIMITTAL	L	Application Number				10/075,750-Conf. #9466				
for FY 2004			Filing Date			February 14, 2002				
			First Named Inventor			Claude R. Gauthier				
Effective 10/01/2003. Patent fees are subject to annual revision.	[Examiner Name				Cassandra F. Cox				
Applicant claims small entity status. See 37 CFR 1.27		Art Unit			2	2816				
TOTAL AMOUNT OF PAYMENT (\$) 1,676.00		Attorney Docket No.			. (03226/170001; P7188				
METHOD OF PAYMENT (check all that apply)				FEE	CALCUL	ATION (co	ntinued)			
Check X Credit Money Other None	3. A	DDITIO	DNAL	FEES						
X Deposit Account:	Large	Entity	Small	Entity						
Deposit Account 50-0591 Number	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Desc	ription	Fee Paid		
Deposit	1051	130	2051	65	Surcharge -	late filing fe	e or oath			
Account Name Osha & May L.L.P.	1052	50	2052	25	Surcharge -	-	onal filing fee or cover			
The Director is authorized to: (check all that apply)					sheet.					
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	_	specification		<u> </u>		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	-	-		earte reexamination	<u> </u>		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1804	920	Examiner ad	ction	f SIR prior to	I		
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting Examiner as	publication o ction	f SIR after			
FEE CALCULATION	1251	110	2251	55	Extension fo	or reply within	n first month			
1. BASIC FILING FEE	1252	420	2252	210			second month			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid	1253	950	2253	475		or reply within				
Code (\$) Code (\$)	1254	1,480	2254	740			n fourth month			
1001 770 2001 385 Utility filing fee	1255	2,010	2255			or reply within	n fifth month			
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1401	330 330	2401	165 165	Notice of Ap	peai f in support o	if an anneal			
1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee	1403	290	2402	145	_	oral hearing	п ал арреа			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451			· · · · · · · · · · · · · · · · · ·	lic use proceeding			
	1452	110	2452	55	Petition to re	evive – unav	oidable			
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to re	evive - uninte	entional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue	fee (or reissi	ue)	1,370.00		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issu	e fee				
Total Claims20** = x =	1503	640	2503	320	Plant issue					
Independent -3** = x = x	1460	130	1460	130		the Commiss				
Multiple Dependent = =	1807	50	1807	50	•		CFR 1.17(q)			
Large Entity Small Entity	1806	180	1806	180	•		on Disclosure Stmt essignment per			
Fee Fee Fee Fee Fee <u>Fee Description</u> Code (\$)	8021	40	8021	40	property (tin	nes number (of properties)			
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a sub-		final rejection			
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	385	For each ad	Iditional inve				
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801	385		37CFR 1.129 Continued E	(b)) (xamination (RCE)			
over original patent	1802	900	1802	900	Request for	expedited ex		\vdash		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			1	8001;	of a design Printed copy		lo color; Publication			
	Other	Other fee (specify)				, voluntary, c		306.00		
SUBTOTAL (2) (\$) 0.00	*Redu	iced by I	Basic F	iling Fee		SUBTO	TAL (3) (\$)	1,676.00		
**or number previously paid, if greater; For Reissues, see above										
SUBMITTED BY		(Complete (if applicable))								
Name (Print/Type) Jonathan P. Osha		ration No ey/Agent		,986		Telephone	(713) 228-8600			
Signature /// Rank		4	15	62	~	Date	October 4, 200	4		
Signature John S. Serin — 45, 925 Date October 4, 2004										
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV526070342US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450, on the date shown below.										
Dated: October 4, 2004 Signature: DII DA I H LU (Beri W. Hartwell)										